FIS 0407 (9/06) Office of Financial and Insurance Services

Payment Sheet for Continuing Education Course/Provider

IMPORTANT INSTRUCTIONS: Payment processing has changed. Please follow these instructions to help us process your application as quickly as possible.

- 1. Complete this Payment Sheet as shown in the payment examples.
- 2. Make check or money order for full amount due payable to "State of Michigan."
- 3. Paperclip Payment Sheet and payment to the FRONT of your application filing.

Use this address for your application filing and all Continuing Education correspondence:

Thomson Prometric/MI CE 3105 S Martin Luther King Blvd PMB 179 Lansing MI 48910-2939

PAYMENT EXAMPLES —

Example 1- Initial provider application (provider has not been approved in Michigan yet). Provider in this example is submitting one course for approval.

When filing multiple courses, use one payment sheet and write one check for all applications enclosed.

Example 2- Application for 8 new courses (provider is already approved in Michigan). Provider sends 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course), and one form FIS 0407 Payment Sheet.

Quantity	Amount	Fee Type/Code/Description	Extension
1	\$500.00	Provider authorization fee One time fee for each provider	\$500.00
1	\$25.00	Course filing fee Non-refundable fee for each course	\$25.00
		EXAMPLE AMOUNT DUE	\$525.00

Quantity	Amount	Fee Type/Code/Description	Extension
	\$500.00	Provider authorization fee One time fee for each provider	
8	\$25.00	Course filing fee Non-refundable fee for each course	\$200.00
		EXAMPLE AMOUNT DUE	\$200.00



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

Complete below. Attach sheet and payment to the front of your filing.

Continuing Education Provider Name	
Federal Emp. I.D. No. (SSN if individual) Use same number entered on your application	

Quantity	Amount	Fee Type/Code/Description	Extension	Fee Code
	\$500.00	Provider authorization fee One time fee for each provider		81-15-01
	\$25.00	Course filing fee Non-refundable fee for each course		81-15-67
		TOTAL AMOUNT DUE Enclose check or money order payable in US Dollars. Do not send cash.	\$	

Please do not write below this line.

Please make check or money order payable to: State of Michigan

RJ DC DI

Application for Continuing Education Course/Provider Approval

TWO COMPLETE COPIES of this application and supporting documentation are required before your request for continuing education provider and/or course approval will be considered.	Application must be properly completed and ac payment card and supporting documentation. (application for each course.	
Part 1-Choose approval type (only one) and enter all requested information		
Initial Provider Approval Complete all 3 parts. Providers must submit at least one (1) course (minimum 1 credit hour) for approval on this application. Provider number will be assigned upon approval of course.	Course Approval / Renewal (If provider is already approved in Michigan) Enter your Michigan provider number, and complete all 3 parts.	Please enter your 4-digit Michigan Provider Number
Provider name and complete address		shing company ational institution
Contact person name	Provider Federal Employer I.D. No. (Social Security No. if indivi	dual provider)
Daytime telephone number Fax number ()	Contact person email address	
Please check this box if any of your provider information has changed since your	last filing.	
Part 2-Course Approval		
Course name (may not be more than 72 characters including spaces) Has another provider received MI approval for this course?	Method of instruction (select one) Classroom, seminar, monitored teleconference, mo Self-study, correspondence, computer based	nitored web-based
Yes No If yes, give Michigan course name and number assigned, and name of provider who received original course approval:	the industry? (enter hour yes No Subject If yes, attach sample promotional materials to this application	oncentration rs for all that apply) Hours
Is this a one-time course offering? If yes, what is the date of the course offering? Yes No	Is this course preparation for a national exam/professional designation?	
Is this a revision or renewal of an existing course? Revision Renewal If either, enter previous course number: TOTAL NUMBER OF CREDIT HOURS REQUESTED	Yes No Successful completion is determined by: (select each that applies) Final exam	
FOR THIS COURSE: (in whole numbers) Michigan Department of Labor & Economic The Department of Labor & Economic Growth will not discriminate against any indicating an Oberatment of Labor & Economic Growth will not discriminate against any indicating the properties of the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Growth will not discriminate against any indicating the Department of Labor & Economic Gro	dividual or group because of race, sex, sexual orientation, religion, age, natio	nal origin, color, marital own to this agency.
OFFICIAL	USE ONLY	
Date application rec'd Assigned to evaluator Application Status Fee received Date returned	L/H Hours Ethics Hours P/C Hours Either Hours Total credit hours	Assign course # Date notified

Course Topics (select all major topics applicable to course		iow as mstracted				
Fundamentals/principles of insurance Definitions, legal principles in insurance, elements of insurance contract, types of policies, industry struct Ethics in insurance Legal, legislative, regulatory matters Provisions/differences in insurance contracts Policy analysis, policy comparisons Accounting/actuarial considerations in insurance Rating techniques/factors, underwriting consideration self-insurance funds	of the ure	Risk confirisk ident Estate pla Probate (ification/evaluat nning/taxation court issues, up derwriting anagement	ement risk financing mechanisms, tion, self-insurance funds related to insurance date on tax issues	Other (des	ncribe)
Has course been disapproved		es, enter the 2 letter h state that disappro				
Student materials are: (select each that applies and complete table below)		☐ Instructor p	repared outlines	s Dublished	l materials	
Title (attach additional sheet if needed)	No. of pages	Copyright date		Editor/Author	Publis	her
SELF STUDY PROGRAMS ONLY complete this section Type of Self-Study (select all that apply) Audio tape Text/workbook Teleconference Videotape Computer based Internet Other (describe below) Describe or attach test security procedures (Do NOT send		(Include table of o	contents	glossary,	cluding appendices, indexes and exams: Computer screens: Minutes of tape or computer time: Minutes in classroom or teleconference: ays students have to	of:
CLASSROOM/SEMINAR PROGRAMS ONLY complete	this socti	on ———			complete materials:	
Describe or attach method used to verify attendance:	1113 3001	Describe or attacl (Do NOT include			CLASS TIME (net EXCLUDES int meals and subje related to th	roduction, breaks, cts not directly
					class time	class time
Part 3-Certification (required for all applications) I certify that I have read the current Continuing Education Insurance Continuing Education. I certify that this applica					navigation to go to Lic	ensing/Education/
Signature	Date si	gned	Signer's name a	nd title (type or print)		

Use this checklist to assure that your filing is complete

Keep this page for your records

ALL APPLICATIONS for COURSE APPROVAL must include ONE ORIGINAL AND ONE COMPLETE COPY of the following:

Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval (pages 1 and 2) Sample of Certificate of Completion Summary of course purpose/objectives Table of Contents with page allocations for self-study programs Content outline with time allocated to each detailed segment Sample promotional materials Bibliography Instructor criteria for classroom Test security procedures for self-study Sign-in/out sheet that includes: Provider name and number, course name and number, credit hours, date offered, attendee name and system ID number, time each specific attendee signed in and out, and attendee's signature (see example below).
Also include ONLY ONE of the following: Form FIS 0407 Payment Sheet for Continuing Education <i>properly completed</i> , accompanied by payment for total amount of fees due. Attach to front of your application filing.

Mail your completed filing to:

Thomson Prometric/MI CE 3105 S Martin Luther King Blvd PMB 179 Lansing MI 48910-2939

Remember to include TWO COPIES of each application and supporting documentation. Enclose payment and ONE Payment Card, properly completed. We cannot process your application without these items.

Example Sign-in/Sign-out sheet for CE course providers

Design a similar personalized sign-in/sign-out sheet to meet OFIS requirements

Sample Educational Ventures LLC

Michigan Provider number 5555

Course name: Insurance Ethics Principles and Case Studies

Course number: 99999 CE approved hours: 1 Date offered: 02/02/2006

Attendee name	System ID/ License Number	Time IN	Time OUT	Attendee Signature
Ima Sample	0055555	8:30 AM	9:30 AM	Ima Sample
				,



Michigan Department of Labor & Economic Growth

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